

DEPARTMENT OF COMMERCE INTERNATIONAL TRADE ADMINISTRATION TRAINING CENTER REGISTRATION DOCUMENT

CUSTOMER INFORMATION

EMPLOYEE NAME

ORGANIZATION ADDRESS (Bureau e.g.: OS/ADMIN/OHRM)

TELEPHONE NUMBER (INCLUDING AREA CODE)

FAX NUMBER (INCLUDING AREA CODE)

COURSE INFORMATION

COURSE TITLE

TRAINING DATES

FROM:

TO:

NUMBER OF HOURS

TUITION:

APPROPRIATION CODE:

APPROVALS

NAME AND TITLE OF SUPERVISOR

SIGNATURE

DATE

NAME AND TITLE OF SECOND LEVEL SUPERVISOR (IF REQUIRED)

SIGNATURE

DATE

COMMENTS

FOR CDD USE ONLY

TRAINING

PURCHASE ORDER #: